

An Inaugural essay

on

Cynanche Trachealis,

Submitted to the examination of

The Rev<sup>d</sup>. John Andrews D.D. Provost;

The Trustees,

and Medical Faculty of the University of Pennsylvania,

On the day of 1844.

For the Degree of Doctor of Medicine,

By Green Hamlin Batte, of Virginia.

Honorary Member of the Philadelphia Medical  
Society, Member of the Linnean Society, and Member  
of the Philadelphia Medical Lyceum.

The Department of

Commerce, Philadelphia

Philadelphia, 22<sup>nd</sup> March 1862

My dear Sir,  
I have the honor to acknowledge the receipt of your letter of the 17<sup>th</sup> inst. in relation to the proposed sale of the property of the late John A. Smith, Esq. and in reply to inform you that the same has been referred to the proper authorities for their consideration.

In a treatise on Cynanche trachealis of the present day, there can be expected little new; as it has engaged the attention of the most learned Physicians for centuries past: therefore, I hope I shall be excused if I collect whatever I can from those who have excelled in the profession, and condense it in this essay. This disease is very happily divided by Dr Wilson into that which attacks children under twelve years, and that which we sometimes meet with in adults. I shall in this paper confine myself entirely to the disease as it appears among children. In some it sometimes commences with the symptoms of a common cold or catarrh, which, as the disease



increases, is followed by a difficulty of breathing, which  
sometimes is so very great, that the shoulders are raised  
at each inspiration; the abdominal muscles act violently,  
there is also a considerable alternate depression and  
elevation of the scapulae and ribs. The breath at the  
+ commencement is free from sputa, but seldom remains so  
through its progress. The breathing, at this time, has been  
very correctly compared by Dr Cullen to the sound of a  
wind instrument, and by Dr Wilson to the crowing of a  
cock. These symptoms sometimes intermit so completely  
as to induce the Physicians and friends of the patient  
to believe that the disease is entirely removed; but they  
are soon surprised by beholding the little sufferer threaten-  
ed with immediate suffocation. Certainly it would always  
be correct in these cases to pay particular attention



to every symptom, as the paroxysms more frequently occur  
 in the night than the day, some skilful person should  
 constantly attend the patient through the night, and  
 administer such medicine as would relieve him from his  
 sufferings, but the phenomena of the disease, as above  
 described are not uniform, sometimes they appear or subside  
 as to require no remedy, and the patient complains of  
 nothing but a little soreness and pain of the part. (if he  
 is old enough to describe his sufferings) when requested  
 to move his head, or the hands be gently pressed upon the  
 neck. The cough which attends this disease usually partakes of  
 the same sound, which has been before described, as  
 being a concomitant of the difficulty of breathing; The  
 expectoration attending this cough sometimes has a purulent





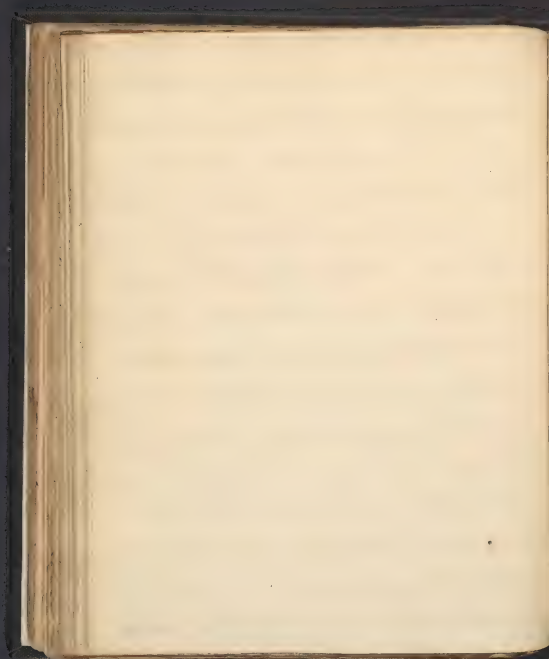
appearance, mixed with fluids blood, and sometimes white  
 cheesy flecks are thrown up similar to pieces of membrane  
 which line the trachea; this membranous substance,  
 says Professor Rusk, is nothing but coagulating lymph  
 the effect of inflammation, and the same thing takes place  
 in the intestines and pleura. This cough, according to the  
 same Professor, sometimes continues after the other sympt-  
 oms are removed, and Dr Wilson has known the nature  
 in those who formerly laboured under Croup or exposure  
 to colds without any other symptom of the disease, and  
 go off without a remedy. The appearance of the patient  
 is well described by the Author spoken of before.

I beg leave to lay it before the reader, in his own words.

"There is nothing particular to be observed in the fauces  
 &c. Sometimes they look red and even a little swollen, at other

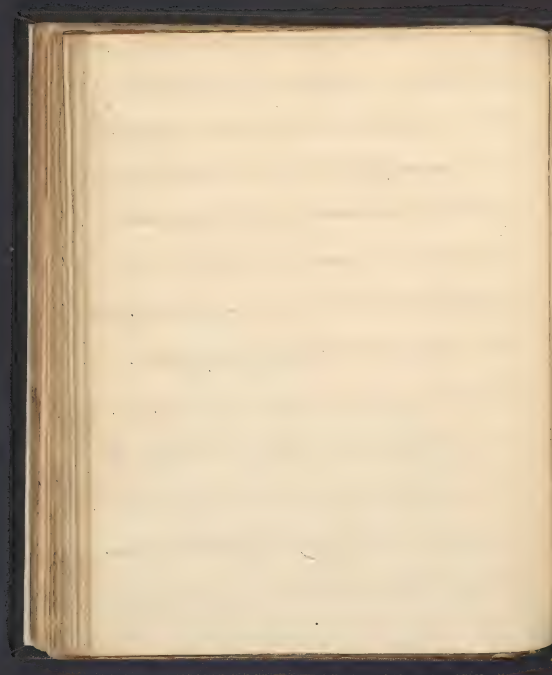


liver the lungs, the rotundum pectorum pulsat, and Juncidis  
are intensely red, but without swelling; and sometimes  
we observe a little puslike matter in the fauces, similar  
to that spit up. The appearance of the face in the same  
as in other instances of great dyspnoea, at first red and  
swollen; soon or later, if the complaint increases,  
becoming purple and livid. There is often a degree of  
white swelling externally about the larynx, which some-  
times spreads along the course of the trachea. The hands  
and feet are often affected with the same kind of swelling.  
The disease sometimes appears as an epidemic, hence it  
has been called *angina epidemica*. I shall now proceed  
to give a description of the appearance of the trachea upon  
dissection; the disease sometimes has been so violent as to  
produce immediate suffocation and no morbid effects are visible.



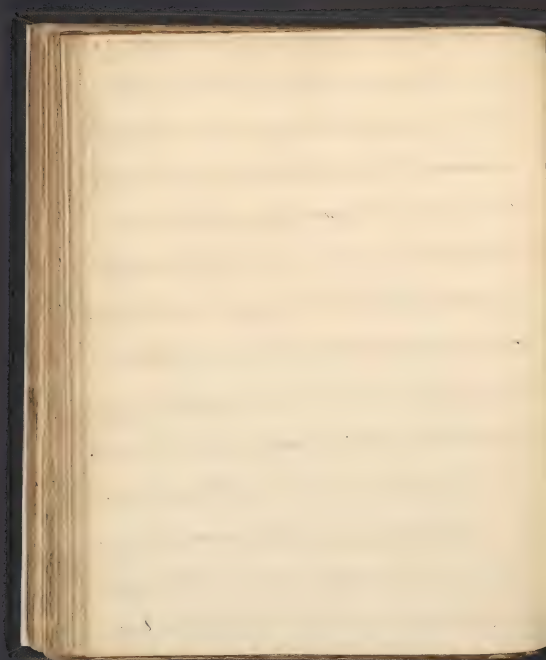
when the trachea is laid open, some coagulating lymph having been previously thrown out and forms a membrane which proves not infrequently fatal to patients; at other times only a slight degree of inflammation is to be observed. When liquid matter has been found in the trachea, it is called by *profror* Rosi humoral, and when a membrane is forming has been called by Dr. Michaelis *angina polyposa*.

The remote causes of *Cynanche Michaelis* are various, for the most part heat succeeding cold, and vice versa. It is not infrequently produced by the in-crease qualities of the atmosphere; it is also frequently the effect of other diseases. This disease in its commencement may, for the most part,



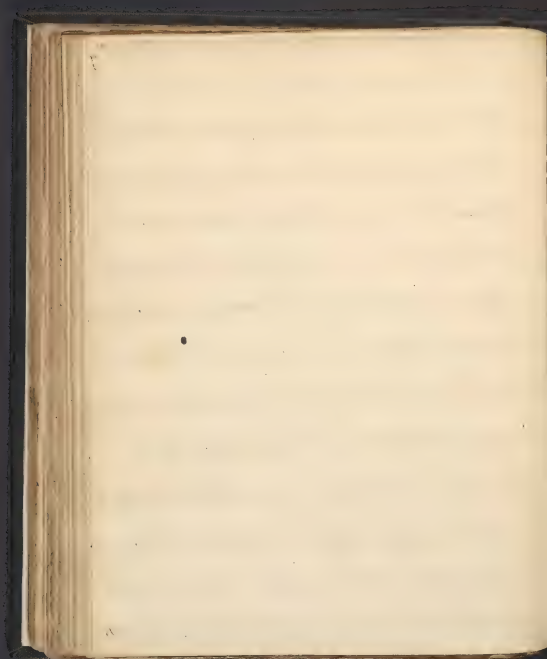
to know by a peculiar wheezing and asthenic breathing,  
which can be very easily removed, if emetics be immediately  
administered; the best for this purpose are antimonial wine  
or tart. emetic, Compound of Squills & Peruvian bark. When these  
remedies have not been resorted to in the passing state of  
the disease, and the pulse becomes very much excited, there is  
increased equal to bloodletting both general and topical.

This is implied; the disease either proves fatal or very  
soon exhausts the patient's strength, which can never be re-  
newed if strict attention is paid to depletion. There has  
been a great difference among the Physicians in opinion,  
who have written on dyspnoea trachealis about the employment  
of the lancet in this disease. C. Boissier of N. York

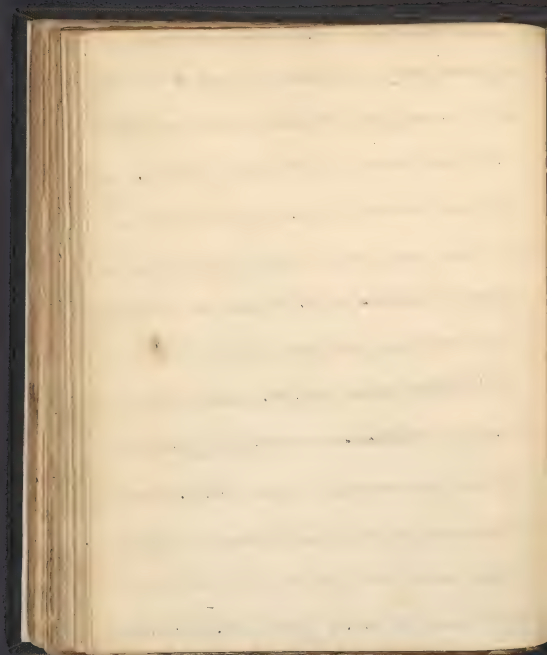




the solid, meeting our interests, & its position has been taken up  
 by Dr. Rich of Alexandria; but the professor of the Institute,  
 and practice of medicine prefers small and frequent bleedings  
 to copious; but has carried it the extent of losing ounces in the  
 day. This practice has also been followed by the professor of  
 Surgery with complete success. Bloodletting appears to have  
 been equally successful in the hands of Dr. Carter & Dr.  
 Wilson. Dr. Home has spoken decidedly in favor of this  
 remedy in the inflammatory state, he observes, Bleeding  
 appears to have been attended with immediate good effects,  
 and to be a powerful remedy in this situation. This ought  
 to be done expeditiously and judiciously while the pulse will  
 allow. It is best to take it at first with a lancet so that



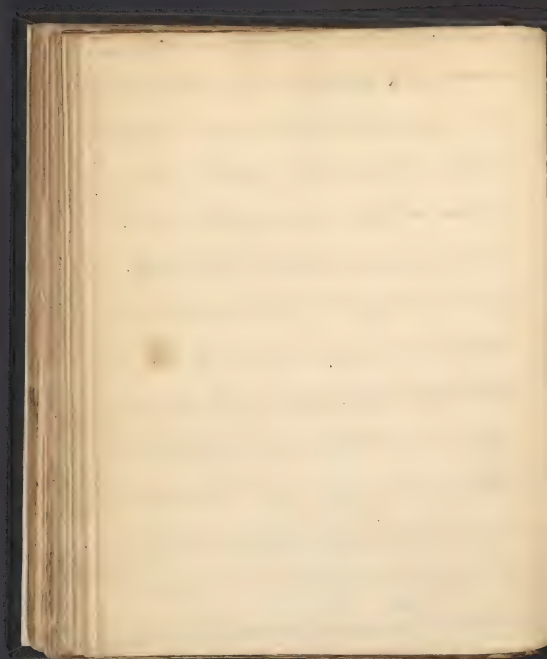
a sufficient quantity may be soon drawn off. But when the  
membrane is once formed, & the Hæmorrhage again obtrudes, or the  
pusulent matter collected in great quantity in the lungs, & con-  
vulsions can be no longer of any use; they rather hurt as the  
pulse is then weak. Hence the reason why people differ about  
the effects of evacuations in this disease; some drawing them  
to be only certain remedies, while others hold them to be destruc-  
tive. Dr. Keilly thought opposes this method in the 1<sup>st</sup>. & 2<sup>d</sup>.  
stages, saying that he had used evacuations of every kind, but he  
never found any advantage either from blisters or bloodletting.  
I rather suppose he did not use the lancet to a sufficient  
extent, or was not called until the patient was worn down  
by the violence of the disease; for all authors now consider it



as a disease of high inflammatory type. After Christina has been  
treated to a sufficient extent, then Venous should be exhibited  
very liberally, as I find, venous sedative, & finally  
miscel have been highly recommended by Dr. Barton.  
After it was suggested for the patient to vomit immediately.

When action was not sufficient to loosen the bonds; then we

At the same time, the local or the deep, the  
coloured muscular, & the deep, coloured muscle, is better given  
by itself, or in combination with the syphilis, purgative, &c.  
C. Physica has given a half ounce of calomel in the  
course of the disease, which entirely removed the disease  
without inducing the least salivation. It is raised action, by  
lead to induce salivation, is evident even before the



remedy becomes necessary, we should never be deterred from the use of it by a fear of its producing salivation, but administer it liberally, for it is one of our best resorts.

After the inflammation has somewhat lessened, then a blister should be applied to the throat, breast, and limbs. They cannot be too highly recommended when properly used.

Dr. Archer has recommended, in high terms, the use of *Polygala Lutea*, or snake root. I believe this practice has not been much followed as yet, but no doubt it will be found an important medicine. Pediluvium says Dr. Wilson has been used with success, and goes on to state that it is a common Nurse's remedy in Scotland.

The warm bath has been also recommended with consid-





erable success, and it has, says Dr Rush, proved more  
 successful when a gentle perspiration has supervened after  
 its use. When the inflammation has subsided, then laudan-  
 um may be given with considerable advantage to allay  
 the Cough. Diluent drinks, as the mixture of Gum Arab.  
 & Mace Tada tea, &c., are quite necessary and should  
 be administered very liberally. Thus I have completed  
 my Essay on *Cynanche Trachealis*. I am fully conscious of its  
 imperfections, but knowing, it will fall in the hands of a cand-  
 id judge, who will either pardon its faults or point them out  
 so that they may be corrected; I submit it with pleasure but  
 not without solicitude for its fate.

Ping.

